TENNESSEE DEPARTMENT OF EDUCATION - OFFICE OF EDUCATOR LICENSING

710 JAMES ROBERTSON PARKWAY 12TH FLOOR ANDREW JOHNSON TOWER NASHVILLE TN 37243

PRINT C	LEARL	Y - Pleas	se use Blac	ck Ink to ensure	scanned applica	ation is legible - provide f	ull name -	include any aliases		
United State			First Name		Middle Name	Last Name	1	e/other last name aliases		
Date of Birtl	h-required	Gender	Street/P.O. B	SOY		City	State	Zip Code		
Date of Birth	ii roquirou	Cender	Olicovi .o. D	, ox		Oity	Otato	Zip dddc		
Telephone I	Number - i	nclude are	a code	E-mail address - Mus	st provide to receive no	tification of license issuance	Cell Phone N	umber/Alternate Phone Number		
INFORM	ATION I	NEEDEI	D FOR FED	ERAL REPORTI	NG - COMPLETI	BOTH ETHNICITY & RA	CE			
1. Ethnici	itv - Cho	ose one	!	Hispanic or Lating	o Not His	panic or Latino				
1. Ethnicity - Choose one 2. Race - Choose one or more				American Indian or Alaska Native Asian Black or African American						
2. Race -	Cnoose	one or i	more			Asian Black or <i>i</i> nder White	African Amer	ican		
			PLEAS	E READ CARE	FULLY BEFOR	RE SIGNING - MUST BE	COMPLE	TED		
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1. Have yo	u been cor	nvicted of a	a felony, includi	ng conviction on a ple	a of guilty, a plea of no	olo contend ere or order granting p				
2. Have yo	u been cor	nvicted of t	he illegal posse	ession of drugs, includ	ing conviction on a ple	a of guilty, a plea of nolo contend	YES ere or an order YES	granting pre-trial diversion?		
3. Have yo	u had a tea	acher's cer	tificate/license	revoked, suspended o	or denied, or have you	voluntarily relinquished a certificat		ng a license expire does not apply)		
4. Is there a	any action	pending ag	gainst your cert	tificate/license or appli	cation in another state	?	120	NO		
							YES			
_		•	questions 1 on a sentencing		tails of conviction, in	cluding date and place of convi	ction, and cou	rt certified copies		
If you have	answered	d "yes" to	questions 3 o	or 4, attach details na	ming the state and/o	r issuing authority and explain c	ircumstance.			
		Sign	ature			Dat	e			
TRANS	ACTION	V (S) RE	QUESTE	D . (Check and	complete followi	ng page(s) if applicable)				
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APPLICATION FOR OCCUPATIONAL EDUCATION LICENSURE ADVANCEMENT

FOR EDUCATORS EMPLOYED IN TENNESSEE PUBLIC SCHOOLS

SCHOOL YEAR 2014 - 2015

		SOCIAL SECURITY NUMBER				
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O BE COMIT LETED BY SCHOOL STSTEMIN	ILLD SERVICE SERVICE					
school Name	Phone Number_	Phone Number				
chool System	Phone Number_					
school System Address						
Street	City	State	Zip Code			
Identify subject a	rea with endorsement codes(s) for	which observat	ion was conducte	d.		
Check License Type Apprentice Occu	upational List Endorsement Code	E	xpiration Date			
				mm/dd/yyyy		
'erification of Experience Years	Months Days	(3 years of verifie	ed experience requi	red)		
valuated by			Principal/Supervis	sor		
Signature of Evaluator		(Please circle one)				
	Recommendation Le	evel				
the above educator has been evaluated and mo	eets the required competency level for NO	all designated d	omains and is reco	mmended for advancemer		
rincipal's Signature	Date		<u> </u>			
Tinoipar 3 Digitature	Date					
irector of Schools Signature						
ssistant Commissioner of Education/CTE Sign	nature Date					

Evaluator ____ Name/SSN ___ License/Endorsement ___ Experience ____ Recommended ___ Authorized Official Signature ___ Returned to School ___ Issue ____ ED5406

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